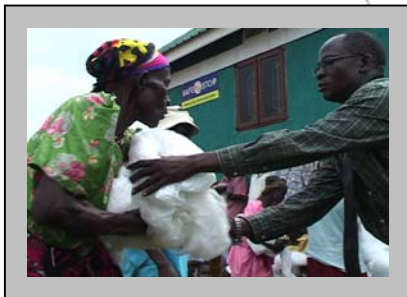




A Tanzanian medical store operator trained by Howard University/PACE Center displays SafeTStop branding to promote quality HIV services (1/07).



Members of the PLHA cluster in Makambako, Tanzania review their joint workplan and budget. The cluster model involves an array of indigenous volunteer groups in community HIV programming, many for the first time (1/07).



Through an agreement with the World Health Organization, the PLHA cluster in Malaba, Uganda distributes insecticide-treated nets to AIDS-affected families (2/07).



The PLHA cluster in Busia, Kenya holds its weekly Alcoholics Anonymous meeting to discuss substance abuse and other issues, including HIV and adherence to antiretroviral therapy (2/07).

**Launching SafeTStop in Tanzania:** In January 2007, seven community “clusters” comprising youth, people living with HIV and AIDS, low-income women, older orphans and vulnerable children, religious leaders and business owners signed agreements to launch HIV programming in Makambako and Tunduma, Tanzania. The sites—underserved and heavily affected by the epidemic—are major stopover points along the TanZam Highway. Launch of activities culminated a participatory process that involved the National AIDS Control Program, the Tanzania Commission for AIDS, USAID/Tanzania, district and town leadership, and more than 70 indigenous volunteer groups organized into clusters. The cluster model pioneered by ROADS promotes collective action of small, sustainable, community-based organizations with similar focus and interests. At the Tunduma signing, Mbozi District Commissioner Halima Kihembe referred to the community—where long-distance drivers spend up to a month waiting to cross into Zambia—as the “doorway to Tanzania” from higher prevalence countries to the south. She cited ROADS as highly responsive to local realities and consistent with the national AIDS strategy.

In the first quarter, ROADS partner Howard University/PACE Center trained 94 private pharmacists and drug shop operators in Makambako and Tunduma to provide quality HIV services, including referral and counseling for antiretroviral therapy. ROADS partner PATH trained an initial cadre of 344 peer educators in the sites as well as 57 magnet theatre performers. At its first magnet theatre event, the Tunduma Youth Cluster reached 317 people (205 males and 112 females) with HIV and AIDS messages, referring 19 people for counseling and testing and 46 for clinical services.

**Integrating Malaria Prevention into HIV and AIDS Programming:** In February 2007, ROADS distributed 2,600 insecticide-treated nets through the PLHA, youth and low-income women clusters in Malaba, Uganda. The nets were provided by the World Health Organization with funding from USAID/East Africa. The initial consignment of nets was distributed to AIDS-affected families identified as the most vulnerable by the PLHA cluster and the Principal Health Inspector of Malaba Town Council. Home-based care volunteers trained by ROADS visited beneficiary households to demonstrate proper use and care of the nets. The goal is to improve overall health of PLHA and their families while dramatically reducing household expenditure on malaria treatment. This activity, which is expanding to Malaba, Kenya and other SafeTStop sites, is part of the project’s drive to integrate essential non-HIV services into programming, including malaria prevention, family planning and alcohol treatment.

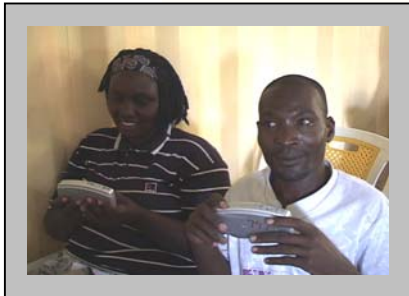
**Addressing Alcohol and HIV at the policy and community levels:** ROADS continues to take a regional leadership role in linking alcohol and HIV programming. In July 2006, the project partnered with the East, Central and Southern Africa Health Community Secretariat to conduct a rapid three-country assessment (Kenya, Rwanda, Zambia) of legal and regulatory issues related to alcohol, the impact of alcohol abuse on HIV prevention and treatment, and country-specific strategies to mitigate the impact. Researchers consulted with national AIDS control programs, ministries of health, finance and commerce, medical professionals and other relevant audiences. Findings underscored the severe impact of alcohol abuse on all aspects of HIV programming as well as the disconnect between AIDS and alcohol treatment efforts. In March 2007, the ECSA Technical Experts Group—mandated to make policy recommendations to regional governments—reviewed the findings in Arusha, Tanzania and developed key resolutions. These were presented to and adopted by the health ministers. The resolutions instruct countries to establish working groups on alcohol and HIV within their multisectoral AIDS programs. ECSA is establishing a Task Force to support countries in this effort.

ROADS partners are also addressing alcohol and HIV at the community level. In Busia, Kenya, the PLHA cluster has established an Alcoholics Anonymous chapter that meets weekly to discuss substance abuse and other issues, including adherence to ART. The AA chapter, comprising 20 men and women of varying ages and professions, is linked closely with local health facilities to facilitate referral to and from the group. In Mariakani, Kenya, women who brew *mnazi*—cheap, potent alcohol—are participating in primary prevention and discussions addressing the link between HIV transmission and alcohol abuse. Their enthusiastic response has surprised community members, who previously thought brewers would be reluctant to participate. The brewers are being trained as peer leaders, promoting condoms in their informal establishments, and referring customers and peers for HIV counseling and testing, care and treatment.





Members of the Malaba PLHA Cluster pose with maize seeds donated by the Ministry of Agriculture. The Ministry provided one ton of certified seeds to complement agricultural training at *LifeWorks Shamba* (4/07).



ROADS is introducing portable audio devices along the transport corridor to reach long-distance drivers and community members with key HIV and AIDS messages. The technology is geared to low-literate settings and hard-to-reach audiences (3/07).



Community groups in Bukavu, DRC, have formed low-income women, PLHA and youth clusters to dramatically expand HIV and AIDS services in the community. Ninety-eight indigenous volunteer groups and seven transport associations are collaborating in this vulnerable border community (3/07).

**Leveraging Resources from the Kenyan Government:** ROADS' development approach recognizes food and economic insecurity as major drivers of the AIDS epidemic. To enhance food and economic security, and therefore reduce vulnerability to HIV, ROADS partner Appropriate Grassroots Interventions conducts field days at *LifeWorks Shamba*, the project's 8.5-acre demonstration farm in Malaba, Kenya. Since the farm was launched in May 2006, ROADS has organized 12 field days to train Kenyan and Ugandan PLHA, youth, low-income women and older OVC on modern agricultural techniques that can be replicated at home. Participants learn about land preparation, horticulture, crop rotation, water and pest management, harvesting, food storage and preservation. Through Food and Nutrition Technical Assistance, funded by USAID, participants also learn food preparation techniques that maintain nutritious content. Recognizing the impact of the farm in improving yields in Teso District, the Ministry of Agriculture asked to co-host a field day with ROADS. The event took place in March 2007 and attracted 2,000 people, including vulnerable farmers living with HIV and AIDS. Acknowledging the link between food security and HIV prevention, care and treatment, the Permanent Secretary pledged to contribute one ton of certified maize seeds to the PLHA cluster. These were delivered to AIDS-affected households in April 2007, following a contribution of 15 tons of fertilizer by the Japan International Cooperation Agency.

**Integrating Cutting-edge Technology along the Transport Corridor:** Through partner Voice for Humanity, ROADS is introducing portable, solar-powered audio devices to reach long-distance drivers and community members with targeted HIV and AIDS messages. The oral communication strategy, developed with partner Johns Hopkins University, recognizes that: 1) mobile populations have difficulty accessing quality, consistent HIV messages and information, in their own language, when they travel from country to country; 2) illiteracy is a persistent barrier in impoverished communities; and 3) few community members have the time or opportunity to participate in extended off-site trainings. The user-friendly devices include hours of content on HIV prevention, care and treatment, including ART adherence and side effects for drivers on treatment who are far from home. The devices cannot be reprogrammed and have no re-sale value. ROADS is distributing 2,800 devices through transport companies and the SafeTStop HIV Resource Centres in Busia, Malaba and Mariakani, Kenya, managed by the Kenya Long Distance Truck Drivers Welfare Association through Solidarity Centre. The devices are numbered to track their movement and use along the transport corridor leading from Mombasa to the Great Lakes Region. At an April 2007 orientation on the devices in Malaba, Kenya, Voice for Humanity and KLDTDWA instructed an initial cadre of 25 trainers. They learned to form and conduct listening groups, administer pre- and post-listening questionnaires, and use simple monitoring and evaluation tools.

**Adapting the Cluster Model for Bukavu, Democratic Republic of the Congo.** In 2006, FHI/ROADS conducted a rapid participatory assessment in Bukavu, DRC, to evaluate community needs and introduce the cluster model to community-based organizations. Until now, the HIV and AIDS response in this border community has been fractured with minimal reach and participation. Participants in the assessment included low-income women, in- and out-of-school youth, PLHA, older OVC, commercial sex workers, uniformed services, faith-based organizations and local administrative and health authorities. The assessment marked the first time that these small but well-established community groups came together to develop a common vision and unified front in the fight against AIDS. Findings were presented to those groups validate information gathered. Target groups spent three days defining community priorities, designing the program and developing the budget. The cluster model introduced by ROADS was well appreciated by community and government authorities. The cluster model in Bukavu brings together 73 low-income women's associations, 25 youth associations and seven transport associations. Through the clusters, the project intends to reach more than 20,000 in-school youth, 15,000 out-of school youth, 24,000 low-income women, 500 OVC, including older orphans, 3,500 drivers and more than 12,000 passengers.

*The Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project is a five-year cooperative agreement managed by Family Health International and funded by USAID/East Africa. For more information on ROADS, please contact:*

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